

May 21, 2014

Ms. Grissel V. Diaz-Cotto Emergency and Remedial Response Division United States Environmental Protection Agency Region II 290 Broadway, 19th Floor New York, NY 10007-1866

Re:

**April 2014 Discharge Monitoring Report** Leachate Treatment Plant, Operable Unit 1 Kin-Buc Landfill Superfund Site

Dear Ms. Diaz-Cotto:

Please find enclosed the April 2014 Discharge Monitoring Report (DMR) for the Leachate Treatment Plant of Operable Unit One at the Kin-Buc Landfill Superfund Site.

Weston & Sampson Services, Inc. would like to confirm the following:

Effluent parameters sampled throughout the month were within permitted limits.

Should you have any questions concerning this DMR or the Treatment Plant, please contact me at your earliest convenience at the Kin-Buc site.

Very truly yours,

Weston & Sampson Services, Inc. on behalf of SCA Services, Inc.

Glenn Grieb Plant Manager Enclosure

Cc:

Martha Goodwin - NJDEP Stephen Joyce - SC Holdings, Inc. Mark Devine - SC Holdings, Inc.

John A. Bocchino, Jr. - Weston & Sampson Services, Inc.

294333

#### NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION DIVISION OF WATER QUALITY

#### MONITORING REPORT - TRANSMITTAL SHEET

	Address: 383 Meadow Road  Edison, New Jersey 08  Kin-Buc Landfill  Address: 383 Meadow Road  Edison, New Jersey 08  Telephone: 732-572-4743  RMS ATTACHED (Indicate Quantity of Each)  JDGE REPORT-SANITARY	*	REPORTING PERIOD  M o. Y r. M o. Y r.  0 4 1 4 0 4 1 4						
DEDINITEE	*NJ Permit E  *NJ Permit E  *NJ Permit E  *NJ Permit E  *Address: 383 Mear  Edison, N  Address: 383 Mear  Edison, N  Telephone: 732-572-  **RMS ATTACHED (Indicate Quantity of Each)  **JDGE REPORT-SANITARY  **LYWX-007 _ T-VWX-008 _ T-VWX-009  EPA Form 3320-1  *JDGE REPORT-INDUSTRIAL  **LYWX-010A _ T-VWX-010B  **STEWATER REPORTS  **LYWX-011 _ T-VWX-012 _ T-VWX-013  **DUNDWATER REPORTS  **LYWX-015(A,B) _ T-VWX-016 _ T-VWX-0  **ELECTRONIC SUBMISSION  DES DISCHARGE MONITORING  EPA Form 3320-1  **THENTICATION   I certify under penalty of law upervision in accordance with a system designose persons directly responsible for gatherin belief, true, accurate, and complete. I am aw	001.0							
PERMITTEE:	* NJ Permit Equivalent  *NJ Permit Equivalent  *Statistical Statistical St								
	*NJ Permit Equivalent  *State of State								
EACH ITV	Name								
FACILITY:									
	Address.								
	Tolonhana								
		ity of Each)	Operating Exceptions						
T-VWX-007	T-VWX-008 T-V	VVX-009	DYE TESTING	YES NO					
			TEMPORARY BYPASSING	X					
SLUDGE REPOR	T-INDUSTRIAL								
T-VWX-010A _	T-VWX-010B		DISINFECTION INTERRUPTION	<u>x</u>					
		/WX-013	MONITORING MALFUNCTIONS	_ <u>x</u>					
			UNITS OF OPERATION	<u>x</u>					
T-VWX-015(A,E	B) T-VWX-016 _	_T-VWX-017	OTHER	_ <u>x</u>					
	*NJ Permit Equivalent  *SCA Services, Inc.  383 Meadow Road  Edison, New Jersey  Telephone:  *NJ Permit Equivalent  **NJ Permit Equivalent  **SCA Services, Inc.  **383 Meadow Road  Edison, New Jersey  732-572-4743  ***  **MS ATTACHED (Indicate Quantity of Each)  **DES REPORT-SANITARY  **-VWX-009  **PA Form 3320-1  ***  **DUNDWATER REPORTS  **-VWX-016		(Detail any "Yes" on reverse side in a	ppropriate space.)					
			NOTE: The "Hours Attended at Plant this sheet must also be completed.	" on the reverse of					
or supervision in a or those persons of and belief, true, and	RMITTEE: Name: 383 Meadow Road Edison, New Jersey Kin-Buc Landfill Address: 383 Meadow Road Edison, New Jersey Kin-Buc Landfill Address: 383 Meadow Road Edison, New Jersey Telephone: 732-572-4743  RMS ATTACHED (Indicate Quantity of Each)  UDGE REPORT-SANITARY F-VWX-007T-VWX-008T-VWX-009  EPA Form 3320-1  UDGE REPORT-INDUSTRIAL F-VWX-010AT-VWX-010B  ASTEWATER REPORTS F-VWX-011T-VWX-012T-VWX-013  COUNDWATER REPORTS F-VWX-015(A,B)T-VWX-016T-VWX-017  ELECTRONIC SUBMISSION  DES DISCHARGE MONITORING EPA Form 3320-1  THENTICATION I certify under penalty of law that this is supervision in accordance with a system designed to ass those persons directly responsible for gathering the inform to belief, true, accurate, and complete. I am aware that the	ystem designed to assure my inqui for gathering the information, the etc. I am aware that there are sign	iry of the person or persons who manage information submitted is, to the best of my inficant penalties for submitting false infor	the system y knowledge					

LICENSED OPERATOR

Name (Printed) Glenn Grie Grade & Registry No. N-4; 0021

Signature

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Title (Printed) Signature

Date May 20, 2014		Date May 20, 2014													
OPERATING EXCEPTIONS DETAILED	D														
															_
															_
				-											
	+														
			_										-		_
							×								
HOURS ATTENDED AT PLA	ANT		МО	NTH	1	0	4		YEA	AR	1	4			
Day of Month	1 2	3	4	5	6	7	8	9	10	11	12	12	14	15	16
	8 8	4	8	4	4	8	2	8	0	8	4	4	8	8	8
Others	8 0	16	8	0	4	16	8	8	8	16	0	0	16	16	6
_	17 18		20						26	_	28	29	30		
	0 0	2	0	8	8	0	8	4	4	4	0	4	8		
Others	8 8	0	0	8	8	8	16	16	0	0	8	8	0		

NAME ADDRESS SCA SERVICES, INC. 383 MEADOW ROAD

**EDISON, NEW JERSEY 08817** 

FACILITY LOCATION KIN-BUC LANDFILL EDISON, NEW JERSEY CARL JANUSZKIEWICZ

# NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT
PERMIT NUMBER

001 DISCHARGE NUMBER

		MONITORIN	IG PERIOD		
YEAR	MO	DAY	YEAR	MO	DAY
14	04	01	14	04	30

PARAMETER		C	UANTITY OR LOADING		QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
FLOW	SAMPLE MEASUREMENT	0.028902	0.037729	MGD	*****	*****	*****	***	***	continuous	flow meter
	PERMIT REQUIREMENT	REPORT	ONLY		******	******	*****			continuous	flow meter
рН	SAMPLE MEASUREMENT	*****	******	***	8.31	****	8.40	S.U.	0	1/week	grab
	PERMIT REQUIREMENT	******	******		6.0	******	9.0			weekly	grab
PETROLEUM HYDROCARBONS	SAMPLE MEASUREMENT	*****	*****	***	******	0.2	0.2	mg/l	0	2/month	grab
	PERMIT REQUIREMENT	******	******		******	10	15			2/month	grab
COD	SAMPLE MEASUREMENT	19.74	22.43 kg/day	******	210	228	mg/l	0	2/month	comp.	
	PERMIT REQUIREMENT	REPORT	ONLY		******	REPORT	ONLY			2/month	comp.
BOD	SAMPLE MEASUREMENT	*****	******	***	******	2.90	3.80	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	******	******		******	56	220			2/month	comp.
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.53	0.84	kg/day	******	5.02	8.70	mg/I	0	1/week	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	30	45(1)			weekly	comp.
DISSOLVED OXYGEN	SAMPLE MEASUREMENT	****	******	***	5.22	*****	*****	mg/I	0	1/week	grab
	PERMIT REQUIREMENT	******	******		4.0 MIN. Instantaneous	A	Λ			weekly	grab
NAME/TITLE PRINCIPAL EXECUTIVE	OFFICER	I certify under penalty of law that				1/10	111		TELEPHON	NE	DATE
Glenn Grieb Project Manager		submitted herein, and based on a the information, I believe the sub- there are significant penalties for imprisonment. See 18 U.S.C. 10	mitted information is true, accuration, is	urate, and complete. including the possibilit	I am aware that	SIGNATURE OF PRINCIPAL	- Will-	732 AREA	572-474	3	14 05 19
TYPED OR PRINTED COMMENTS AND EXPLANATIONS OF ANY VIOLATION	ONS	include fines up to \$10,000 and of	or maximum imprisonment of b			OFFICER OR AUTHORIZE	/	CODE	NUM	BER	YEAR MO DAY

DACE 4 OF 0

NAME **ADDRESS**  SCA SERVICES, INC. 383 MEADOW ROAD EDISON, NEW JERSEY 08817

FACILITY LOCATION ATTN:

KIN-BUC LANDFILL **EDISON, NEW JERSEY** CARL JANUSZKIEWICZ

#### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT 001 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY 14 04 01 14 04 30

PARAMETER		Q	UANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
BENZENE	SAMPLE MEASUREMENT	<0.0000079	<0.0000093		******	<0.08	<0.09	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.009	0.02	kg/day	******	57	134			2/month	grab
CHLOROBENZENE	SAMPLE MEASUREMENT	<0.0000106	<0.0000129 kg/day	*******	<0.11	<0.11	ug/L	0	2/month	grab	
	PERMIT REQUIREMENT	0.022	0.058		******	142	380			2/month	grab
1,1 DICHLOROETHENE	SAMPLE MEASUREMENT	<0.0000125	<0.0000152	kg/day	******	<0.13	<0.13	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.003	0.009	ngruay	*******	22	59			2/month	grab
ETHYLBENZENE	MEASUREMENT <0.000096 <0.0000117	kg/day	******	<0.10	<0.10	ug/L	0	2/month	grab		
	PERMIT REQUIREMENT	0.022	0.058			142	380			2/month	grab
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000096	<0.0000117 kg/day	*****	<0.10	<0.10	ug/L	0	2/month	grab	
	PERMIT REQUIREMENT	0.008	0.025		******	52	164			2/month	grab
TOLUENE	SAMPLE MEASUREMENT	<0.0000150	<0.0000187	kg/day	*******	<.16	<.16	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.011		******	28	74			2/month	grab
1,2-TRANSDICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.000125	<0.0000152	kg/day	******	<0.13	<0.13	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.009		*******	A	Aso			2/month	grab
NAME/TITLE PRINCIPAL EXECUTIV	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		personally examined and I am familie	ar with the information		1110	111		TELEPH	IONE	DATE
Glenn Grieb Project Manager		submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am swere that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 16 U.S.C. 1001 & 33 U.S.C. 1319. (Panalties under these statutes may			ise statutes may				732   572-4743 AREA		14   05   19
TYPED OR PRINTE		include fines up to \$10,000 and or max (REFERENCE ALL AT	dmum imprisonment of between 6 mo			OFFICER OR AUTHO	RIZED AGENT	CODE	NU	JMBER	YEAR MO DAY

NAME ADDRESS SCA SERVICES, INC. 383 MEADOW ROAD

**EDISON, NEW JERSEY 08817** 

FACILITY LOCATION ATTN: KIN-BUC LANDFILL EDISON, NEW JERSEY CARL JANUSZKIEWICZ

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT
PERMIT NUMBER

001 DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY 14 04 01 TO 14 04 30

PARAMETER		C	QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
TRICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.000086	<0.0000105	kg/day	******	<0.09	<0.09	ug/L	0	2/month	grab	
	PERMIT REQUIREMENT	0.004	0.010		•••••	26	69			2/month	grab	
VINYL CHLORIDE	SAMPLE MEASUREMENT	<0.0000160	<0.0000184 kg/day	******	<0.14	<0.14	ug/L	0	1/week	grab		
	PERMIT REQUIREMENT	NT 0.008 0.016	******	52.8	106			weekly	grab			
ACENAPHTHYLENE	SAMPLE MEASUREMENT	<0.0001631	<0.0001986	kg/day	*****	<1.70	<1.70	ug/L	0	1/month	grab	
	PERMIT REQUIREMENT	0.00026	0.00052	Ryrady	******	1.72	3.43			monthly	grab	
BENZO(A)ANTHRACENE	SAMPLE MEASUREMENT	<0.0000173	<0.0000210	kg/day	*****	<0.18	<0.18	ug/L	0	1/month	grab	
	PERMIT REQUIREMENT	0.00026	0.00052		******	1.72	3.43			monthly	grab	
BENZO(A)PYRENE	SAMPLE MEASUREMENT	<0.000134	<0.0000164 kg/day	*****	<0.140	<0.140	ug/L	0	1/month	grab		
	PERMIT REQUIREMENT	0.00026	0.00052			1.72	3.43			monthly	grab	
BENZO(ghi)PERYLENE	SAMPLE MEASUREMENT	<0.0000873	<0.0001063	kg/day	*****	<0.910	<0.910	ug/L	0	1/month	grab	
	PERMIT REQUIREMENT	0.00026	0.00052			1.72	3.43			monthly	grab	
BENZO(k)FLUORANTHENE	SAMPLE MEASUREMENT	<0.000134	<0.0000164	kg/day	*****	<0.14	<0.14	ug/L	0	1/month	grab	
	PERMIT REQUIREMENT	0.00026	0.00052		******	<b>1.72</b>	A 3.43			monthly	grab	
NAME/TITLE PRINCIPAL EXECUTIVE	E OFFICER	I certify under penalty of law that I have					1//		TELEPH	ONE	DATE	
Glenn Grieb Project Manage			submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imministrations. See 18 U.S.C. 1001 8, 33 U.S.C. 1319. (Penalties under these statutes may			Dlern Ohit		732 AREA			14  05   19	
TYPED OR PRINTED		imprisonment. See 18 U.S.C. 1001 & 3 include fines up to \$10,000 and or max		*	se elenates may	SIGNATIONE OF PRINCIPAL OFFICER OR AUTHORIZE		CODE	NUM	BER	YEAR MO DA	

<0.00017

NAME ADDRESS SCA SERVICES, INC. 383 MEADOW ROAD

**EDISON, NEW JERSEY 08817** 

FACILITY LOCATION ATTN: KIN-BUC LANDFILL EDISON, NEW JERSEY CARL JANUSZKIEWICZ

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT
PERMIT NUMBER

001 DISCHARGE NUMBER

| MONITORING PERIOD | YEAR | MO | DAY | 14 | 04 | 01 | TO | 14 | 04 | 30 |

PARAMETER			QUANTITY OF	RLOADING	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY		SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		10 211 22
IDENO(1,2,3cd) PYRENE	SAMPLE MEASUREMENT	<0.0000134	<0.0000164	kg/day	*****	<0.140	<0.140	ug/L	0	1/month		grab
	PERMIT REQUIREMENT	0.00026	0.00052		******	1.72	3.43			monthly		grab
PHENANTHRENE	SAMPLE MEASUREMENT	<0.0001260	<0.0001446	kg/day	******	1.1	1.1	ug/L	0	1/week		grab
	PERMIT REQUIREMENT	REPORT	ONLY		******	REPORT ONLY	5.4(2)			weekly		grab
ALDRIN	SAMPLE MEASUREMENT	<0.0000012	<0.000014	kg/day	*****	<0.012	<0.012	ug/L	0	1/month		grab
	PERMIT REQUIREMENT	0.000133	0.00026	ng/day	******	0.0875	0.176			monthly		grab
4,4-DDT	SAMPLE MEASUREMENT	<0.000026	00026 <0.0000031 kg/day	*****	<0.023	<0.025	ug/L	0	1/week	grab		
	PERMIT REQUIREMENT	0.0000578	0.000146		******	0.38	0.765			weekly		grab
PCB-1242	SAMPLE MEASUREMENT	<0.000031	<0.000038	BANKETS TO THE STATE OF THE STA	*****	<0.03	<0.03	ug/L	0	1/week		grab
	PERMIT REQUIREMENT	REPORT	ONLY		******	REPORT ONLY	0.5(2)			weekly		grab
PCB-1248	SAMPLE MEASUREMENT	<0.000031	<0.000038	kg/day	*****	<0.03	<0.03	ug/L	0	1/week		grab
	PERMIT REQUIREMENT	REPORT	ONLY		******	REPORT ONLY	0.5(2)			weekly		grab
PCB-1254	SAMPLE MEASUREMENT	<0.000038	<0.000046	kg/day	*****	<0.03	<0.04	ug/L	0	1/week		grab
	PERMIT REQUIREMENT	REPORT	ONLY		******	REPORT ONLY	(0.5(2)			weekly	grab	
NAME/TITLE PRINCIPAL EXECUTIVE C	FFICER	I certify under penalty of law that					11.		TELEPHO	NE		DATE
Glenn Grieb Project Manager	Glenn Grieb		submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C, 1001 & 33 U.S.C, 1319. (Penalties under these statutes may			SIGNATURE OF PRINCIPAL EXECUTIVE		732 AREA	572-4743		14   05   19	
TYPED OR PRINTED COMMENTS AND EXPLANATIONS OF ANY VIOLATIO	NS	include fines up to \$10,000 and	or maximum imprisonment of	Andrews Mineral	Section Committee of Minney	OFFICER OR AUTHORIZED		CODE	NUM	IBER	YEAR	MO DAY

NAME ADDRESS SCA SERVICES, INC. 383 MEADOW ROAD

**EDISON, NEW JERSEY 08817** 

FACILITY LOCATION ATTN: KIN-BUC LANDFILL EDISON, NEW JERSEY CARL JANUSZKIEWICZ

#### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT
PERMIT NUMBER

001 DISCHARGE NUMBER

 MONITORING PERIOD

 YEAR
 MO
 DAY

 14
 04
 01
 TO
 14
 04
 30

PARAMETER	HALL.	C	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
PCB-1260	SAMPLE MEASUREMENT	<0.000038	<0.000046	kg/day	*******	<0.03	<0.04	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		******	REPORT ONLY	0.5(2)			weekly	grab
ARSENIC	SAMPLE MEASUREMENT	0.0005822	0.0006440	0.0006440 kg/day 0.026	******	5.10	5.50	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.013	0.026			85.8	172			weekly	comp
CADMIUM	SAMPLE MEASUREMENT	0.0002520	0.0002891	kg/day	******	2.2	2.2	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.0073	0.017		*******	48.2	112			weekly	comp
CHROMIUM	SAMPLE MEASUREMENT	0.0005154	0.0005914	kg/day	******	4.50	4.50	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.030	可可以可以可以不可以不可以可以可以不可以不可以可以不可以不可以不可以不可以不可以			198	396			weekly	comp
COPPER	SAMPLE MEASUREMENT	0.0003556	0.0004847	kg/day	*****	3.1	3.9	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		******	REPORT ONLY	10			weekly	comp
LEAD	SAMPLE MEASUREMENT	<0.0001604	<0.0001840	kg/day	******	1.40	1.40	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY			REPORT ONLY	10			weekly	comp
NICKEL	SAMPLE MEASUREMENT	0.0034843	0.0040794	kg/day	******	30.3	32.6	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.140	0.281		******	A 924	1850			weekly	comp
NAME/TITLE PRINCIPAL EXECUTIVE	OFFICER	I certify under penalty of law that					11.1		TELEPHO	NE	DATE
Glenn Grieb Project Manager		submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and				Membert		<b>732</b>   572-4		3	14 05 19
TYPED OR PRINTED COMMENTS AND EXPLANATIONS OF ANY VIOLATI	ONE	imprisonment. See 18 U.S.C. 10 include fines up to \$10,000 and of (REFERENCE ALL ATTACH	or maximum imprisonment of be		these statutes may i 5 years)	OFFICER OR AUTHORIZED	AGENT	AREA CODE	NUM	BER	YEAR MO DAY

NAME ADDRESS SCA SERVICES, INC. 383 MEADOW ROAD

**EDISON, NEW JERSEY 08817** 

FACILITY LOCATION ATTN: KIN-BUC LANDFILL EDISON, NEW JERSEY CARL JANUSZKIEWICZ

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT
PERMIT NUMBER

001 DISCHARGE NUMBER

			MONITORING PERIOD			
YEAR	MO	DAY		YEAR	MO	DAY
14	04	01	TO	14	04	30

PARAMETER		C	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SA		E	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS				
ZINC	SAMPLE MEASUREMENT	0.0016622	0.0023919	kg/day	*******	18.3	18.6	ug/L	0	1/week	1/week c			
	PERMIT REQUIREMENT	0.177	0.356		******	1170	2350			weekly		comp		
CYANIDE	SAMPLE MEASUREMENT	<0.0004581	<0.0005257 kg/day	******	4.0	4.0	ug/L	0	1/week	com				
	PERMIT REQUIREMENT	0.002	0.004		******	13.2	26.4			weekly		comp		
ALUMINUM	SAMPLE MEASUREMENT	0.0286796	0.0570000	kg/day	******	295.7	760.0	ug/L	0	1/week		comp		
	PERMIT REQUIREMENT	1.40	2.81		******	9240	18500			weekly	y I			
IRON	SAMPLE MEASUREMENT	0.0218205	0.0288592	kg/day	*******	205.2	359.0	ug/L	0	1/week		comp		
	PERMIT REQUIREMENT	80.6	162		******	532000	1070000			weekly	comp			
ACUTE TOXICITY, (LC50)	SAMPLE MEASUREMENT	QUARTELY	REPORT	REPORT ***	n/a	******	*******	%	0					
	PERMIT REQUIREMENT	*******	******		50(3)					see permit	6	quivalen	t	
Ammonia	SAMPLE MEASUREMENT	******	******		******	0.120	0.160	mg/l	0	******				
	PERMIT REQUIREMENT	******	******		******	4.9	10.0			2/month		comp		
	SAMPLE MEASUREMENT		******		******	******	******		***	******				
	PERMIT REQUIREMENT					7	1							
NAME/TITLE PRINCIPAL EXECUTIVE OF	OFFICER	I certify under penalty of law that				1 1,	111 1		TELEPHON	NE		DATE		
Glenn Grieb Project Manager		submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and			am aware that of fine and	Klemath			572-474	3	14	05	19	
TYPED OR PRINTED COMMENTS AND EXPLANATIONS OF ANY VIOLATIC	NIC SUIC	imprisonment. See 18 U.S.C. 10 include fines up to \$10,000 and (REFERENCE ALL ATTACH	or maximum imprisonment of be		these statutes may 5 years)	SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZE		AREA CODE	NUM	BER	YEAR	мо	DAY	